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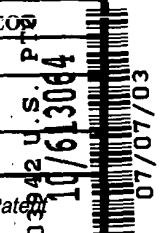
PTO/SB/50 (02-01)


Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: U.S. Patent and Trademark Office 2011 South Clark Place Customer Window, Mail Stop Reissue Crystal Plaza Two, Lobby, Room 1B03 Arlington, VA 22202		Attorney Docket No. SEC.316REC	 09/22/1998 U.S. PTO 10/613064 07/07/03
		First Named Inventor Young-chan KWEON	
		Original Patent Number 5,811,318	
		Original Patent Issue Date (Month/Day/Year) 09/22/1998	
		Express Mail Label No.	
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent			
(Check applicable)			
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		<input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		12. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
6. <input checked="" type="checkbox"/> Power of Attorney		14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		15. <input checked="" type="checkbox"/> Preliminary Amendment	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)		17. Other: <u>Certified copies of English</u>	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		<u>Translation of Priority</u>	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)		<u>Documents</u>	
a. <input type="checkbox"/> Computer Readable Form (CFR)			
b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper			
c. <input type="checkbox"/> Statements verifying identity of above copies			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/> or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)			
Name	KENNETH D. SPRINGER		
Address	VOLENTINE FRANCOS, PLLC		
	12200 SUNRISE VALLEY DRIVE, SUITE 150	Zip Code	20191
City	RESTON	State	VA
		Fax	703-715-0877
Country	UNITED STATES	Telephone	703-715-0870

NAME (Print/Type)	KENNETH D. SPRINGER	Registration No. (Attorney/Agent)	39,843
Signature		Date	7 July 2003

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

SEC.316REC

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
(A)	Total Claims (37 CFR 1.16(j))	(B)		Rate	Fee	Rate	Fee
15		52	**** 32 =	x \$ 9 =	\$288	or	x \$ 18 =
2	Independent claims (37 CFR 1.16(i))	5	* 2 =	x \$ 42 =	\$84		x \$ 84 =
Basic Fee (37 CFR					\$370		
Total Filing Fee					\$742		\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 52	MINUS ** 52	= 0	x \$ 9 =	\$0	x \$ 18 =	\$0
Independent Claims (37 CFR 1.16(i))	*** 5	MINUS ***** 5	= 0	x \$ 42 =	\$0	x \$ 84 =	\$0
Total Additional Fee					\$0	OR	\$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account No. 50-0238 in the amount of \$1,484.
A duplicate copy of this sheet is☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0238.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

7 July 2003

Date

Signature of Applicant, Attorney or Agent of Record

KENNETH D. SPRINGER, Reg. No. 39,843

Typed or printed name